

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D. 63228		2. SHIP OR STATION NROTC UNIT, TULANE UNIVERSITY		3. 4.	
5. NAME OF SPOUSE			6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)			9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE
11. ADDRESS OF SPOUSE		12. DEP			
13. NAME OF CHILD OR DEPENDENT			14. DATE OF BIRTH		15. RELATIONSHIP
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					17. DEP
18. NAME OF CHILD OR DEPENDENT			19. DATE OF BIRTH		20. RELATIONSHIP
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					22. DEP
23. NAME OF CHILD OR DEPENDENT			24. DATE OF BIRTH		25. RELATIONSHIP
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					27. DEP
28. NAME OF CHILD OR DEPENDENT			29. DATE OF BIRTH		30. RELATIONSHIP
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					32. DEP
33. NAME OF FATHER					
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)					35. DEP NO
35. NAME OF MOTHER					
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)					38. DEP NO
41. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		42. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE	42. PLACE (CITY & STATE OR COUNTRY)
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE	46. PLACE (CITY & STATE OR COUNTRY)
OTHER		48. ADDRESS		49. RELATIONSHIP	
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)		51. ADDRESS		52. RELATIONSHIP	
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES		54. ADDRESS		55. RELATIONSHIP	56. % 100%
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION		58. ADDRESS			59. % 100%
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)		61. ADDRESS		62. RELATIONSHIP	63. % 100%
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)		65. ADDRESS		66. POLICY NUMBER	
67. RELIGION	68.	69.	70. RANK/RATE	71. PAGE 1	72. OF PAGES 1
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)			74. SSN	75. USN <input type="checkbox"/>	76. USNR <input checked="" type="checkbox"/>

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS N/A
78. REMARKS

Is beneficiary designation of S. G. L. I. on file?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE (If Yes)
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NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR	80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

CERTIFICATION OF DENIGRATOR
I have reviewed the data entered on this form and certify that it is correct.
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR